



LINCOLN WATER SYSTEM

Residential

Date: _____

Cross Connection Survey

Customer Address: _____

Customer Name: _____

- | | YES | NO | DON'T KNOW |
|--|--------------------------|--------------------------|--------------------------|
| 1. Underground lawn irrigation system?
<i>If yes, is it protected by a testable backflow preventer?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Swimming pool or hot tub?
<i>If yes, is it protected by a testable backflow preventer?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Photo lab, chemical, medical or other lab facilities?
<i>If yes, is it protected by a testable backflow preventer?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Private well or second water service line?
<i>If yes, is it protected by a testable backflow preventer?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Lawn or garden chemical sprayers attached to hoses?
<i>If yes, is it protected by a hose bibb vacuum breaker?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank You,

*This survey will help prevent
accidental contamination of
our drinking water system.*

*Please fill out the information and
place this card in the same envelope
with your water bill*

Signature: _____